ARIZONA DEPARTMENT of WEIGHTS and MEASURES

ORIGINAL - DEPT (Mail within 7 days of service date)

4425 West Olive Avenue, Suite #134, Glendale, AZ 85302 www.weights.az.gov Phone: 602-255-5211 Fax: 602-255-1950 or 1-800-277-6675 (OUTSIDE Phoenix metro)

DWM-38 (rev 4-01)

VICE LICENSE APPLICATION/PLACED IN SERVICE REPORT	
A.R.S. §41-2091(A)	

SERVICE DATE:										
BUSINESS NAME:						STORE #:		BMF#:	((if issued)
PHYSICAL LOCATION:						CITY:			ZIP:	
CONTACT:				PHONE:		FAX:		E-MAIL:		
BILLING ADDRESS:						CITY:			ZIP:	
BILLING PHONE:				RSA				RSR#:		
Device Fee Code	Device Service Code (see below)	Device Manufacturer	Device Model #	Device Serial # (Required for All Devices)	Indicator Serial # (Scales only)	Location Code (see below)	Pump #'s (Fueling Devices)	Vehicle Lic. Plate # (LPG/Taxis)	NTEP C OF C (Required for Devices)	
A: Add Device(s) O: Device(s) Removed			LOCATION CODES R: Register No. D: Deli B: Bakery		G (Scales Only): M: Meat Dept. P: Produce O: Other		RSA E	RSA EQUIPMENT SERIAL #'s (Used for Test)		
BUSINESS: I	will abide by all A	rizona legal requirements relat	ed to commerc	ial device licensing a	and use and am s	ubject to a civil pe	enalty if a violati	ion occurs (ARS	41-2115).	
Signature			Print Name				Date			
RSR: I have complied with all Arizona legal requirements relating to the Department's RSA program and am subject to a civil penalty if a violation occurs (ARS 41-2115).										
Signature				Print Name				Date		

YELLOW: RSR

PINK: Business